

***Clinical Psychology
Internship Program***

***Napa State
Hospital***

2005-06

CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM NAPA STATE HOSPITAL 2005-06

MISSION

Napa State Hospital (NSH) offers rich and varied training opportunities for clinical psychology interns. Continuous accreditation by the American Psychological Association since 1959 speaks to the quality, spirit, and tradition of the Clinical Psychology Internship Program (CPIP). NSH is located on 2,000 acres in the southeast corner of the beautiful Napa Valley in Northern California. The professional staff currently includes 65 psychiatrists, 50 psychologists, 65 social workers, 80 rehabilitation therapists, and a large nursing service. Although most of the supervision which psychology interns receive is provided by clinical psychologists, training from other mental health disciplines is provided as well (e.g., Grand Rounds), and inter-disciplinary collaboration is, of course, commonplace in an in-patient setting. In addition to the CPIP, training programs in other disciplines at NSH (e.g., Forensic Fellowship, Department of Psychiatry and Behavioral Sciences, U.C. Davis) provide supplemental learning opportunities. NSH is an Equal Opportunity Employer, which actively recruits individuals from diverse cultural and ethnic backgrounds. Currently, 50% of NSH hospital staff (and 47% of NSH patients) identify as ethnic minorities. Such diversity enhances an awareness and appreciation for the role which, ethnic factors play in psychiatric treatment. NSH can accommodate physically challenged patients, staff, and interns, because it is almost completely wheelchair accessible.

PATIENT POPULATION

As of this writing (July, 2004), NSH provides psychiatric treatment for 1100 patients. Patients at Napa State Hospital can be divided into two broad categories. Approximately 75% of our patients are hospitalized under criminal commitments, while 25% have civil commitments.

CRIMINAL COMMITMENTS

Patients with criminal commitments can be divided into three groups. These include patients who are:

- A. Not Guilty By Reason Of Insanity (NGRI),
- B. Incompetent To Stand Trial (IST), or
- C. Mentally Disordered Offenders (MDO). These patients are admitted to NSH in several ways:
 - ◆ Committed to the California Department of Mental Health by county superior court under one of the three penal code designations noted above.
 - ◆ Transferred from a more secure facility for treatment in a less restrictive setting.
 - ◆ Returned from Community Outpatient Treatment (COT) for noncompliance when the county conditional release program (CONREP) advises the county superior court that the patient may not be safely managed in the community.

NOT GUILTY BY REASON OF INSANITY (NGRI)

NSH provides treatment for the largest population of NGRI patients of any facility in the country. The overall goal for these patients is improvement to the point where they gain admission or re-admission to CONREP, which coordinates return to the community. NGRI patients are treated on thirteen locked and 3 open units (where patients can move about freely within the fenced-in Secure Treatment Area). Specialized treatment programs are provided on several of these units. These include the Geropsychiatry NGRI Unit and the Sex Offender Treatment Program. Several of the NGRI units are co-ed. Movement between the open and locked units is based on evidence of responsible behavior. Psychologists on these units serve as members of a multidisciplinary treatment team. They provide individual psychotherapy and group treatment services (e.g., process and support groups, chemical dependency groups, etc.) and consultation services. In addition, psychologists write and implement behavior plans, provide crisis intervention services, and testify at writ and extension hearings. A major component of group treatment on NGRI units is the Forensic Issues Group, where patients are encouraged to come to terms with their mental illness, understand the role their illness played in their instant offense, and learn relapse prevention skills. A broad range of rehabilitative and recreational therapy services is also offered by other disciplines.

INCOMPETENT TO STAND TRIAL (IST)

These individuals have committed a criminal offense but are unable to go to trial or plea-bargain because of mental impairment. The county superior courts have determined that these defendants are unable to understand the criminal charges against them and/or assist their attorneys in preparing a rational defense. The focus of treatment for these patients is to regain competency so that they can return to court and face charges. As on NGRI units, psychologists on IST units also serve on a multidisciplinary team and provide the range of clinical treatment services noted above. However, treatment for these patients is more psychoeducational in nature. Patients attend competency groups designed to enable them to understand the nature of the criminal charges against them and to meaningfully participate in their own defense. They must successfully pass the Competency Assessment Test (CAT), Mock Trial (patients tested as defendant in mock version of their own trial), and a dispositional hearing before they are returned to court. The IST patients are treated on 5 locked units.

MENTALLY DISORDERED OFFENDERS (MDO)

MDO patients are former parolees of the California Department of Corrections. They were convicted and have served prison sentences. These patients completed their parole but because of continuing mental illness and dangerousness, have been committed to DMH for continued treatment. MDO patients are the smallest of the 3 forensic patient groups. They receive treatment on NGRI units.

SPECIALIZED FORENSIC TREATMENT PROGRAMS

For the most part, patients are treated on units organized around penal code status (e.g., NGRI). However, there are several specialty units/programs, which address the needs of forensic patients:

A. Forensic Research Unit

Research is currently underway investigating a range of neuropsychological variables and their relationship to dangerousness. Other studies are looking at particular variables as predictors of treatment outcome. The treatment program on this unit is similar to the programs noted above with two notable exceptions. First, patients receive an extensive series of tests at intervals

prescribed by a particular research protocol. Additionally, treatment in this program has a cognitive-behavioral orientation. Treatment groups include cognitive-behavioral treatment of personality and psychotic disorders and a core relapse prevention group. This unit is run conjointly by the Department of Psychiatry and Behavioral Sciences, University of California, Davis, and Napa State Hospital. This team coordinates forensic research at the hospital.

B. Chemical Dependency Education Program (CDEP)

CDEP is a day treatment program for patients with forensic commitments whose psychological difficulties are compounded by substance abuse. Patients participate in a program of Biopsychosocial Rehabilitation Groups, 12-Step and/or Rational Recovery Meetings, and individual and group psychotherapy in the context of a small supportive therapeutic community (usually 14-18 patients). All patients who are accepted into this program participate in an Intensive Treatment Phase, followed by an Aftercare Phase. Graduates of this program may choose to continue their involvement as part of an on-going Maintenance Phase.

C. Substance Abuse Focused Education (SAFE) Program

SAFE is a long-term goal of this program, which is to have each patient develop an individualized relapse prevention plan, which recognizes his or her dual diagnosis status. SAFE is a chemical dependency, day treatment program for lower functioning forensic patients.

D. The Sex Offender Treatment Program

A program of group treatment in three phases is offered for forensic patients with a history of sex offenses. This program uses a cognitive-behavioral relapse prevention model.

CIVIL COMMITMENTS

Patients who represent a danger to themselves or others, but who have committed no crime, are committed to NSH pursuant to civil commitment statutes. Typically, all patients are county conservatee's whom are too severely disturbed to be treated in a locked facilities or board and care homes in their county of origin. Unlike the forensic units, these patient's are not housed under a function of penal code status. Civilly committed patients are treated on different units as a function within their age, gender, level of functioning, acuity, and/or special needs. There are currently 8 inpatient units. These inpatient units include an acute/receiving, geropsychiatry, deaf and hearing-impaired, and several all male and one all-female unit. Treatment programs for these patients are similar to those of the forensic patients, without a focus on criminal behavior. Like the forensic units, the treatment program on each civil unit is grounded in a needs assessment of the particular patients it serves. For example, the all-female unit provides treatment for patients with severe borderline personality disorder, dissociative identity disorder, trauma and recovery, and self-injurious behavior. Psychologists offer the same range of clinical services as provided on forensic units. They also testify at writ hearings.

CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

GENERALIST TRAINING

Our intention is to prepare pre-doctoral interns for entry level practice in professional psychology. The training program is geared toward this general aim as well as the specific interests and needs of the intern class. We subscribe to a “general practitioner model,” with an emphasis on public service to the severely mentally ill. We offer generalist training because we believe that the focus of predoctoral training should be on the acquisition and consolidation of general clinical skills. Training is provided in the treatment of patients with severe mental disorders. An intensive training experience with severely disturbed individuals can provide an invaluable foundation for understanding the entire spectrum of mental disorders. Interns are trained to provide a broad range of clinical services, which is also consistent with a generalist approach. Interns will be able to apply skills obtained here to a variety of treatment settings and populations. By “practitioner”, we mean that our focus is on the acquisition of professional skills, which are based on the science of psychology. We encourage and provide ample opportunities for interns to obtain specialty training (e.g., neuropsychological assessment) provided they are making satisfactory progress in the acquisition of generalist skills.

GOALS

We have identified 7 areas in which interns will achieve entry levels of competence:

- A. *Competence in Professional Conduct, Ethics and Legal Matters*
- B. *Competence in Individual and Cultural Diversity*
- C. *Competence in Theories and Methods of Psychological Diagnosis and Assessment*
- D. *Competence in Theories and Methods of Effective Psychotherapeutic Intervention*
- E. *Competence in Scholarly Inquiry and Application of Current Scientific Knowledge to Practice*
- F. *Competence in Professional Consultation*
- G. *Competence in Supervision.* Subsumed within these goals are a number of training objectives, which specify the particular skills in each area that interns will be expected to obtain.

INDIVIDUALIZED TRAINING PLAN

We encourage each intern to take the lead in developing an individualized training plan that is focused upon the development of specific clinical skills (e.g. psychological assessment, psychotherapy with individuals suffering from schizophrenia or severe personality disorders). Our training staff helps to clarify each intern's interests and needs at the beginning of the training year. Input for this plan is also solicited from the Director of Training at each intern's graduate program and from former clinical supervisors. This plan guides the direction or emphasis of various training activities.

OPPORTUNITIES FOR FORENSIC TRAINING

We do not offer a formal Forensic Training track. As noted above, we believe that the productoral year should focus on the consolidation of generalist skills. In addition, our staff is not prepared to offer comprehensive training in forensic psychology even if we decided to do so. For many years, Napa provided traditional psychiatric treatment to the criminally committed patients. During this time, most of our professional staff was not forensically trained. However, during the last several years, NSH has made a determined effort to provide forensically focused treatment to patients and, as such, is providing on-going training in forensic psychiatry to professional staff. There are several members of the Department of Psychology who possess advanced skills in forensic psychology. In general, however, professional staff is acquiring forensic skills and acclimating to the identity and culture of a forensic institution.

At the present time, CPIP offers an orientation to select areas in forensic psychology only. A comprehensive training program in forensic psychology is grounded both in the acquisition of clinical skills and in knowledge of the criminal justice system. Training in both areas should infuse all aspects of a forensic psychology-training track. We do not offer extensive training in how a psychologist works in the criminal justice system. Our orientation to forensic psychology has several components. We offer a 15-week forensic seminar covering topics such as “NGRI: History”, “Case Law” and “Risk Assessment”. In addition, interns can participate in the hospital-wide forensic trainings (noted above); attend forensic case-consultations and/or mock trials (staff practices providing expert testimony while being cross-examined by UC Davis staff) offered by the Department of Psychiatry and Behavioral Science at U.C. Davis.

TRAINING ACTIVITIES

Training is primarily provided in four ways:

- Clinical service delivery
- Individual supervision
- Seminars
- The preceptor/mentor program.

CLINICAL SERVICE DELIVERY

(note: a, b, and c below are required training activities, while d, e, f, and g are elective)

A. WORKING ON AN INPATIENT UNIT

The 12-month internship is divided into two 6-month rotations. A rotation commitment entails 16-20 hours a week on an inpatient unit. The psychologist at the site provides supervision. The clinical responsibilities for the intern are the same as for the unit psychologist. Interns serve as members of a multidisciplinary treatment team. They provide individual psychotherapy and group treatment services (e.g. process and support groups, chemical dependency, etc). In addition, interns write and implement behavior plans and provide crisis intervention services. They also provide consultation services to staff regarding treatment of patients, as well issues pertaining to unit staff. The one exception is that interns cannot testify in court but are welcome to observe licensed staff testify as fact or expert witnesses.

B. PSYCHOLOGICAL ASSESSMENT

Interns are expected to complete a minimum of twelve psycho diagnostic assessments during the internship year. Testing cases are selected from the hospital-wide referral system. When appropriate, an attempt is made to correlate rotation site and testing cases. Each intern meets weekly with their psycho diagnostic assessment supervisor and has two different psycho diagnostic assessment supervisors during the year. Supervisors can be selected on the basis of a special interest in a test instrument, such as the Rorschach or MMPI. Supervision and training in neuropsychological assessment is also available for interns. Depending on the intern's interest and skill in this area, neuropsychological training can range from simply developing basic neuropsychological screening skills to completing several full neuropsychological assessment batteries.

C. INDIVIDUAL PSYCHOTHERAPY

Interns are expected to carry three to five long-term psychotherapy cases throughout the training year. Long-term patients are typically seen one or two times a week. These cases can be selected from anywhere in the hospital and thus may reflect a broad or narrow range of psychopathology. A specific supervisor is chosen for each case and supervision occurs on a weekly basis. Theoretical orientations of the staff are varied. A representative sample of our staff's orientations includes Psychodynamic (Drive Theory, Ego Psychology, Object-Relations, and Self-Psychology) Jungian, Existential, Interpersonal, Gestalt Therapy and Cognitive-Behavioral treatment approaches. In addition to long-term psychotherapy, interns may provide short-term therapy to patients at their rotation site. Short-term therapy is usually employed for circumscribed problems. The rotation supervisor generally provides supervision of short-term therapy cases and psychotherapy groups at the rotation site.

D. THE BEHAVIORAL CONSULTATION TEAM

The Psychology Department offers a hospital-wide behavioral consultation service to assist treatment teams in their work with difficult behavior management cases. The four psychologists who provide these services possess skills in psychological assessment and behavioral analysis, as well as in consultation. Behavior plans function both to manage behavior harmful to self and others as well as to provide patients with the structure and support needed to achieve treatment goals. Interns have spent from 2 hours up to 10 hours per week with the Behavioral Consultation Service.

E. THE EMPLOYEE ASSISTANCE PROGRAM (EAP). This program provides short-term psychotherapy to hospital employees and their families. This may take the form of individual, couples, or family therapy.

F. The Critical Incident De-Briefing Team: This is a multidisciplinary team of clinicians who provide support to patients, staff, and the organization-at-large following a traumatic event (e.g. assault of patient or staff).

G. The On-Duty Psychologist (ODP): The ODP is "on-call" to every unit in the hospital, from 5:00 p.m. to 1:00 a.m. each day. The function of the ODP is to provide proactive interventions for patients who are experiencing emotional difficulties, so that more restrictive interventions (e.g. seclusion and restraint) are not needed.

SUPERVISION

Interns receive a minimum of 5 hours per week of individual, face-to-face supervision. These include meetings with a rotation supervisor, a psycho diagnostic assessment supervisor, and three individual psychotherapy supervisors. The intern meets with each supervisor once a week and more if desired or needed. The Director of Training works with each intern in the selection of supervisors for each rotation, and in the selection of long-term psychotherapy cases.

SEMINARS

There are three core weekly seminars:

A. Psycho diagnostic Assessment Seminar

A variety of assessment approaches and instruments are examined in depth and explored as to their usefulness with various psychological disorders. The format of the seminar is divided between a didactic component and group supervision of psychological assessment data gathered by interns. A special segment of the seminar is devoted to tests, which measure neuropsychological functions.

B. Psychotherapy Seminar

The focus of this seminar is the theory and practice of psychotherapy. During this seminar, professional staff presents the theory and technique of various approaches to psychotherapy approaches as applied to this patient population. This seminar also alternates between didactic presentations and a psychotherapy case-conference format. Other topics include experiential as well as didactic presentations on cultural issues that bear on psychiatric treatment, psychotropic medications, etc.

C. Professional Issues Seminar

This seminar has several functions. One purpose is to create an environment where interns are able to process various aspects of their training experience. To this end, interns define the agenda during the initial portion of the seminar. In the past, interns have discussed such topics as adjustment to working with severely disturbed patients, the role of a psychologist, developing a professional identity, and working as a member of an interdisciplinary team. Finally, this seminar also includes a 6-week module on Legal and Ethical Issues, and a 15-week module on Forensic Issues.

PRECEPTOR/MENTOR PROGRAM

Some interns have reported that our Preceptor Program was the most valuable aspect of their training experience here. The goal of this program is to provide an opportunity for interns to discuss the range of concerns they may have, related to their professional development, with a member of our training staff (preceptor). The preceptor has no evaluative function. The mentor/student relationship is essentially confidential, so that issues might be discussed in a more unencumbered fashion. Participation in this program is optional.

A. Hospital-Wide Training Opportunities /Resources

- ◆ *The Department of Professional Education Grand Rounds*
Weekly presentations on a wide range of topics in mental health are offered where NSH staff and specialists from around the country are featured.
- ◆ *Department of Psychology Training*
Specialists from the Bay Area and around the country provide training, which addresses the specific educational needs of psychologists.
- ◆ *UC Davis Forensic Case Consultation*
The Forensic Fellowship Program offers a bi-monthly consultation on NSH forensic patients who have been referred by NSH treatment teams.
- ◆ *UC Davis Mock Trial*
The Forensic Fellowship Program offers mock trials where NSH staff practices expert testimony while being cross-examined by UC Davis staff.
- ◆ *NSH Professional Library*
The NSH Professional Library subscribes to nearly 120 journals. The library also offers the computer search services of Psych INFO and Medline.
- ◆ *Field Trips*
Interns participate in two or three field trips each year. In recent years, interns have visited several California State Prisons, the “ethnic focus” inpatient psychiatric units at San Francisco General Hospital, and several private or county inpatient treatment facilities.
- ◆ *Computers*
Computers are available to aid interns with their clinical work. The Department of Psychology has specialized test scoring and interpretation software, including programs for interpreting the MMPI-2, Rorschach, and the Millon Clinical Multiaxial Inventory-3, among others. Each intern also has his or her own computer network account, which allows access to the Local Area Network (LAN). Network accounts include GroupWise e-mail for communication and correspondence, and access to the Internet.

B. EVALUATION OF INTERN PROFORMANCE:

- ◆ Each intern meets regularly with the Psychology Internship Director to discuss his or her training experience.
- ◆ Training supervisors meet monthly to review the progress of each intern (and to provide peer supervision in their work as supervisors). Areas of particular strength and areas requiring more attention for continued professional development are identified for each intern. Formal rotation evaluation meetings occur in the middle and at the end of each 6-month rotation period. At these meetings, each intern meets with all of his/her supervisors to review their progress in the program.
- ◆ At the end of each rotation, all supervisors are also asked to complete a written evaluation of their intern's performance and to discuss this evaluation with the intern. Concurrently, each intern is asked to evaluate each supervisor.
- ◆ At the conclusion of each rotation, the Psychology Internship Director summarizes the supervisory evaluations of each intern and forwards these to the Director of Training of each intern's respective graduate program.

THE NAPA COMMUNITY

NSH is located in Napa (pop 74,000), the largest community in the renowned viticulture center. The schools in the area are good, and there are a number of after-school and day-care centers for children of working parents.

The climate is often described as Mediterranean. Fall and spring days are pleasant and summer days are warm, with three or four brief heat waves during the summer. The temperatures during summer nights range between 50 and 55 degrees. The rainy season begins in November, with little or no rain after April. Winter day temperatures fluctuate between 50 and 65 degrees, with evening temperatures rarely dropping below 32 degrees between mid-December and March. Apartments, duplexes, and houses are readily available in Napa. Most rentals are unfurnished, but come with a refrigerator and stove. A modern, one bedroom, unfurnished apartment is typically available at \$900+ per month; a one-bedroom, furnished is available for \$1000+ per month. Three-bedroom, 2-bath homes average \$1200 - \$1600 per month. Despite the fact that housing is available within walking distance of the hospital, a car is considered essential in this community. Hospital staff does commute varying distances, with the majority carpooling from adjacent municipalities. *Dormitory-style housing on hospital grounds is available to interns at no cost.*

ACTIVITIES IN THE SURROUNDING AREA OF NAPA

Some of the many leisure and recreational activities in the immediate area, but not-too-distant are;

A. Napa Valley Highlights:

- ◆ Many award-winning restaurants:
- ◆ Over 200 famous Napa Valley Wineries and tasting rooms, which may include a relaxing picnic lunch;
- ◆ Hot-air balloon rides over the valley, providing a unique vantage point for surveying the wine country;
- ◆ Bicycle riding along valley back-roads;
- ◆ Nearby Calistoga, home of mineral water and hot springs, offering natural spas, mineral baths, mud-baths, shops and restaurants;
- ◆ Several public golf courses, swimming pools, tennis courts, horseback riding stables, fishing and hiking areas, softball leagues, and campgrounds provide outdoor recreational activities;
- ◆ The local symphony, Pretenders Playhouse, and several choral and theater groups invite attendance, and participation in productions;
- ◆ Napa Valley College, a community college, offers a variety of cultural, recreational and social activities;
- ◆ Napa Valley College and Napa Parks and Recreation Department offer courses in arts and crafts, foreign languages, wine appreciation, computer programming, and physical activities (e.g., swimming, racquetball, aerobics, Tai Chi, yoga and meditation);
- ◆ There are several art shows held annually in local galleries and parks;
- ◆ Several wineries host annual summertime festivities, including jazz, pop, and classical concerts featuring top-name entertainers and
- ◆ There are many active charitable, social, recreational and/or professional organizations and clubs.

B. Highlights An Hour Or Less From Napa (by car)

- ◆ San Francisco offers a wealth of cultural, educational, and recreational activities (52 miles)
- ◆ City of Berkeley <http://www.ci.berkeley.ca.us/parks> (40 miles)
- ◆ Lake Berryessa <http://www.lakeberryessa.com> campground next to the lake (20 Miles)
- ◆ Mt. Tamalpais (45 miles)
- ◆ Muir Woods (40 miles)
- ◆ City of Sausalito (40 miles)
- ◆ City of Sacramento (60 miles)
- ◆ The Sonoma County Coast Line (50 miles)

C. Other Areas Of Interest

- ◆ The Santa Cruz Beach and Boardwalk area is (120 miles Southwest).
- ◆ Monterey and Carmel, gateway to Big Sur, are about (30 miles further down Hwy 1).
- ◆ Picturesque Mendocino Northern California Coast is approximately (180 miles) away.
- ◆ Many snow skiing resorts are (three to five hours) drive from Napa.
- ◆ Lake Tahoe is roughly (175 miles East) of Napa.
- ◆ Reno is about (200 miles East) of Napa.
- ◆ Yosemite National Park is (180 miles Southwest) of Napa.

DIRECTIONS TO NAPA STATE HOSPITAL'S (PSYCHOLOGY BUILDING)

A. From San Francisco:

Travel **East** on **I-80**

Exit on **Hwy 37** (marked with "Napa" sign)

Drive **2 1/2 miles**

Turn **right** on **Hwy 12/29** (also called Sonoma Boulevard)

Drive **6 1/2 miles** until you come to the "**Y**" or **fork** in the road

Follow the directions below**

B. From Sacramento:

Travel **West** on **I-80**

Exit **Hwy 12 West** (marked with "Napa" sign)

Drive 6 miles until the road reaches a "**T**"

Turn **right** at the "**T**" onto **Hwy 12/29**

Drive **1 1/2 miles North** to the "**Y**" or **fork** in the road

Follow the directions below**

C. From the East Bay:

Travel North on **I-680**

Exit on **I-80 West**

Exit **Hwy 12 West** (marked with "Napa" sign)

Drive **6 miles** until the road reaches a "**T**" and

Turn **right** at the "**T**" onto **Hwy 12/29**

Drive **1 1/2 miles North** until you get to the "**Y**" or **fork in the road**

Follow the directions below**

At the "**Y**" or **fork** in the road stay to the **right***

(After you have gone to the right of the fork, which directs you toward Napa)

Drive **2 1/2 miles North** to Napa State Hospital

Turn **right** at **main entrance**, which should put you on **Magnolia Blvd.** inside the gate

The Psychology Building is the last building on the left side of Magnolia Blvd.

Park in any convenient parking spot near the building, you will enter the Psychology Building through the door marked **Psychology Offices**.

APPLICATION INFORMATION

NATURE OF THE POSITION

- A. The CPIP is fully accredited by the American Psychological Association (APA). The address and telephone number of APA is as follows: American Psychological Association, 750 First Street, NE, Washington, DC 20002; (202) 336-5979.
- B. Four fully funded positions are available starting September 1, 2005 and continuing for a full year.
- C. The stipend is \$27, 189 (USD) per year.
- D. Medical insurance for the intern and his or her immediate family is provided at no charge or minimal charge, depending upon the program selected. Dental insurance is also provided.
- E. Thirteen sick days and ten and one half-vacation days are available. The State of California also observes thirteen holidays. Five days of paid educational leave are available.

ADMISSION CRITERIA

- A. Applicants must be doctoral candidates in clinical psychology. Applications from counseling psychology programs are acceptable if coursework covers major content areas found in clinical psychology programs. Applicants from APA-approved programs are preferred.
- B. All requirements for the degree, with the exception of the dissertation, must be completed by the start of internship.
- C. Applicants need not be U.S. Citizens.

STUDENT DISCLOSURE OF PERSONAL INFORMATION

The CPIP adheres to APA's Ethical Principles of Psychologists and Code of Conduct, December, 2002. Regarding Principle 7.04, interns are not required to disclose personal information. However, in supervising an intern's clinical work, an intern may be asked, for example, to describe how it feels to work with a particular patient, as part of clinical inference-making or part of an exploration of countertransference reactions. Occasionally, an intern may be *invited* to talk about some aspect of their personal history or about psychological conflicts, which directly bear upon their work with a particular patient.

IMPORTANT NOTICE

Applicants may not be eligible for a Clinical Psychology Intern position if they have ever been convicted of a felony. Interested applicants, who have been convicted of a felony, should contact the Psychology Internship Director well ahead of the application deadline, to determine eligibility.

Napa State Hospital is an Equal Opportunity Employer

APPLICATION PROCEDURE

- A. Complete the AAPI application form. AAPI applications are available at graduate schools or can be downloaded from the APPIC Web site. The APPIC web address is: <http://www.appic.org>, Click on the “Forms and Document Downloads” from the APPIC home page. Our match # is 1421
- B. In addition to the standard AAPI application, we require that you answer one additional essay question in 200 words or less: Please describe how your interest in clinical psychology developed.
- C. Request that copies of all graduate school transcripts to be forwarded directly from the graduate institution to us. Sealed copies of transcripts may be included with your AAPI application.
- D. Three letters of recommendation are needed.
- E. Curriculum Vitae.
- F. Complete the State of California Examination and/or Employment Application Form. To obtain this form, return to the Home Page of the DMH Website (www.dmh.ca.gov), and click Job Openings. Then scroll down to State Applications Form (letter F). Please complete this form completely, even though much of this information is probably already included in your vitae.
- G. Address application materials to:
Richard Lesch, Ph.D.
Psychology Internship Director
Department of Psychology
Napa State Hospital
2100 Napa Vallejo Highway
Napa, CA 94558-6293

Materials may also be faxed to the Psychology Department, Napa State Hospital at (707) 253-5341.

The completed AAPI application form must be received by Monday, November 15, 2004.
Supporting materials will not be accepted after Monday, November 22, 2004.

If you include a self-addressed stamped postcard, we will notify you that we have received your application materials. We adhere to the APPIC and APA policies and procedures regarding offers and acceptances. All application materials will be reviewed and rated by the Psychology Internship Advisory Committee. Applicants who receive the highest rankings will be invited for an in-person interview. Applicants who prefer to interview by telephone may do so. Interviews will be conducted in January 2005, and will include an orientation to our training program, meeting with our current interns, and hospital tour.

CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

GRADUATE PROGRAMS OF RECENT INTERNS

Class of 2004-05	University of Wyoming University of Nevada, Las Vegas Baylor University Pacific University
Class of 2003-04	California School of Professional Psychology/Alameda Wright Institute Pepperdine University Argosy University, Phoenix Campus/Arizona School of Professional Psychology
Class of 2002-03	University of North Texas Chicago School of Professional Psychology California School of Professional Psychology/Alameda Baylor University
Class of 2001-02	California School of Professional Psychology/Fresno Chicago School of Professional Psychology Ferkau Graduate School of Psychology/Yeshiva University Florida School of Professional Psychology
Class of 2000-01	Florida State University University of Montana State University of New York at Stony Brook University of Texas, Austin
Class of 1999-00	University of Alabama California School of Professional Psychology/Los Angeles California School of Professional Psychology/Alameda Baylor University
Class of 1998-99	University of Denver California School of Professional Psychology/Fresno University of Tulsa Baylor University

NAPA STATE HOSPITAL PSYCHOLOGY STAFF

<i>NAME</i>	<i>AREAS OF INTEREST</i>
<i>Barnes, Teresa, Psy.D</i>	Assessment and psychotherapy of severely disturbed adults
<i>Bramble, Rachel, Ph.D.</i>	Risk assessment, Cognitive-behavioral therapy, Treatment of sex offenders
<i>Butzine, Kent, Ph.D.</i>	Substance abuse, Psychodynamic therapy
<i>Cushman, Philip, Ph.D.</i>	Psychological assessment
<i>Dawson, Jack, Ph.D.</i>	Cognitive/emotional and neuropsychological assessment, Competency
<i>Echols, Chris, Ph.D..</i>	Clinical and forensic assessment, Psychodynamic therapy
<i>Fernandez, Patricia, Ph.D.</i>	Cultural factors in psychological assessment, Integrative psychotherapy, Crisis intervention
<i>France, Yung-hi, Ph.D.</i>	Psychodynamic psychotherapy with severely schizophrenic, borderline, and personality-disordered individuals
<i>Aviles-Galberth, Nicole, Ph.D.</i>	Cognitive-behavioral therapy, Cross-cultural issues, Gender identity and exploration
<i>Gates, Janis, Psy.D.</i>	Restoration to competency, Assessment of malingering
<i>Hardison, Kim, Psy.D.</i>	Forensic psychology, Risk assessment

<i>NAME</i>	<i>AREAS OF INTEREST</i>
<i>Hoff, Anne, Ph.D.</i>	Neuropsychology, Effects of medication on cognition, Neuropsychological aspects of schizophrenia
<i>Horon, Robert, Ph.D.</i>	Risk assessment, Personality assessment, Applied forensic/clinical research
<i>Jones, James, Ph.D.</i>	Restoration to competency, Risk assessment, Cognitive-behavioral therapy
<i>Kappler, Kevin, Ph.D.</i>	Malingering, Risk assessment
<i>Randy Katz, Ph.D.</i>	Substance abuse/addictions, Dual diagnosis
<i>Kepner, Richard, Ph.D.</i>	Forensic psychology, Group therapy
<i>Knoblauch, Thomas, Ph.D.</i>	Antisocial personality disorder, Depression, Stress reduction
<i>Lesch, Richard, Ph.D. <i>(Internship Director)</i></i>	Psychodynamic case conceptualization, Personality disorders, Social/cultural factors in treatment
<i>Matsumoto, Gregory, Psy.D.</i>	Cross-cultural issues, Organizational consultation
<i>McColm, Michele, Ph.D.</i>	Special needs populations, Geriatrics, Deaf and hearing-impaired patients
<i>Miller, Sarah, Ph.D.</i>	Forensic psychology, Neuropsychological assessment
<i>Mulgrew, Edna, Ph.D.</i>	Group psychotherapies, Cognitive-behavioral and interpersonal approaches to therapy

<i>NAME</i>	<i>AREAS OF INTEREST</i>
<i>Patterson, Kathleen, Ph.D.</i>	Treatment of women, Borderline pathology, Self-injurious behavior
<i>Pittavino, Steven, Ph.D.</i>	Communication systems theory, Behavioral medicine
<i>Rabin, Anthony, Ph.D.</i>	Cognitive behavioral treatment of personality and psychotic disorders, Risk assessment
<i>San Giovanni, David, Ph.D.</i>	Cognitive/emotional and neuropsychological assessment, Forensic testimony
<i>Schultz, Charlene, Ed.D.</i>	Behavioral consultation, Treatment of sex offenders, Relapse prevention
<i>Singh, Jatinder, Ph.D.</i>	Forensic psychology, Systems theory
<i>Snethen, Gary, Ph.D.</i>	Cognitive assessment, Substance abuse treatment, Behavioral consultation, Expert testimony
<i>Valois, Winston, Ph.D.</i>	Jungian dreamwork, Object-relations and drive theory, Spirituality and mental health
<i>van Schoor, Eric, Ph.D.</i>	Psychodynamic group therapy, Social and cultural factors which bear on treatment
<i>Veit, Steven, Ph.D. (Chief)</i>	Employee assistance program, Workplace violence prevention, Stress management
<i>Wattimena, Daniel, Ph.D.</i>	Psychological assessment, Group therapy
<i>White, Patricia, Ph.D.</i>	PTSD, Behavioral consultation, Neuropsychological assessment

<i>NAME</i>	<i>AREAS OF INTEREST</i>
<i>Winn, Julie, Psy.D</i>	Geriatrics, Treatment of deaf and hearing-impaired patients
<i>Woods, Nina, Ph.D.</i>	Team-building, Geriatrics, Interface between psychological and medical issues in aging
<i>Yasaie, Majid, Ph.D.</i>	Cognitive-behavioral therapy, Risk assessment, Sex-offender assessment/treatment, Behavioral consultation, Relapse prevention